

## Equal Opportunity Review – ETPL

### PROVIDER INFORMATION

Program Year \_\_\_\_\_

Local Workforce Development Area: \_\_\_\_\_

This review is conducted to verify that the training provider is in compliance with the applicable laws of nondiscrimination per WIOA Section 188.

Training Provider Name: \_\_\_\_\_

Training Agent ID Date of Onsite Visit: \_\_\_\_\_

Address (No., Street): \_\_\_\_\_

City State ZIP Code: \_\_\_\_\_

Training Site Contact Name Phone Number: \_\_\_\_\_

Contact's Signature: \_\_\_\_\_

#### Part 1 Training Provider Information

1. Does the Training Provider Details page in AJC contain the correct training/education institution address? Yes                      No
2. Does the Training Provider Details page in AJC contain the correct phone number? Yes No
3. Does the Training Provider Details page in AJC contain the current contact person name and contact information? Yes              No

#### PART 2 – Training Provider Assurances

1. Please describe how the participant grievance policy is communicated to participant?
2. Please describe the mechanism in place for collecting information about all participant attending a training program as required for reporting performance measures.

#### Park 3 – Equal Opportunity Notification, Communication and Access

1. Does the training facility support universal access for individuals with disabilities? (29 CFR 38.42) Yes No

2. Does the training provider utilize the Federal tagline: "Equal Opportunity is the Law" and that auxiliary aids and services are available upon request"? (29 CFR 38.31) Yes No

3. Does the training provider post "Equal Opportunity is the Law" posters so they are prominently displayed in accessible locations? (29 CFR 38.34) Yes No

4. How does the training provider deliver Equal Opportunity information to their staff and participant? (29 CFR 38.36)

5. Does the training provider offer the training in any language other than English? (29 CFR 38.35) Yes No If yes, what language?

6. Has the training provider implemented physical and architectural design at the facility?  
Yes No

**PART 4 – Monitor’s Summary/Comments/Notes:**

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**PART 5– Corrective Action**

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**PART 6 – Monitor’s Information**

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**Monitor’s Name:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Local Workforce Development Area Name:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975. The Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, and

LEP. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities.